Procare
Enrollment
Ledger after 1st

2022-2023 BEDFORD RECREATION KIDS' CLUB SCHOOL VACATIONS REGISTRATION



Child's N	ame:				Grade: (as of Sept. 2022)	
		(please Pl	RINT clearly)	_	(as of Sept. 2022)	
Parent's	Name:			Phone :	#:	
i aroni o		(please PRIN	(please PRINT clearly)		, · ·	
Please p	ut a check mark in the b	oxes next	to all dates needed bel	ow:		
De	cember Vacation	February Vacation		April Vacation		
<u>Drop Deadline: 11/15/22</u> Open 8:00 AM – 5:00 PM		<u>Drop Deadline: 1/15/23</u> Open 8:00 AM – 5:00 PM		<u>Drop Deadline: 3/15/23</u> Open 8:00 AM – 5:00 PM		
Closed	Monday, Dec. 26	Closed	Monday, Feb. 20	Closed	Monday, Apr. 17	
	Tuesday, Dec. 27		Tuesday, Feb. 21		Tuesday, Apr. 18	
	Wednesday, Dec. 28		Wednesday, Feb. 22		Wednesday, Apr. 19	
	Thursday, Dec. 29		Thursday, Feb. 23		Thursday, Apr. 20	
	Friday, Dec. 30		Friday, Feb. 24		Friday, Apr. 21	
Closed	Monday, Jan. 2					
(Ple trar	ds from my bank account, o ase fill in your credit card int nsfer any credit card info f	formation be rom the pre	low only <i>if you have not alr</i> evious year.)			
Cre	dit Card #:		Exp. Date:		CVV #:	
	ll pay my fees with a check ase make your check payab			vhich my chile	d is scheduled.	
	***	*****	******	****	*	
10:30	t this form by email (as a PI AM on June 3, 2022. Please <i>usly done so</i> for the 2022-20	submit the i	next page (First Aid/Emerge			
	te is \$75 per day for school		• •	-		
no late any De	/CANCELLATION: To drop or than the 15 th of the month december vacation days, you we cannot cancel fees for d	prior to the must submi	e month that the vacation da it a <i>Drop/Add-Vac</i> form no I	ys are scheoater than Nov	duled. Example: to drop	
occurs						
Parent Si	ignature:				Date:	

FIRST AID / EMERGENCY MEDICAL CARE CONSENT 2022-2023

Dear Kids' Club Families,

As required by the MA Department of Early Education and Care (EEC), we must have on file a paper copy of the first aid/emergency medical care consent you signed electronically in your 2022-2023 membership application.

Please review the permission agreement below and fill in your information (<u>one child per form</u>); then sign, date and return this form to Kids' Club as soon as possible. Thank you for completing this important document for your child.

I,		, parent/guardian of
	Parent/Guardian Name (<u>PRINT</u> clearly)	, ,
		, agree to the following:
	Name of Child attending Kids' Club in 2022-2023 (PRINT clearly)	

FIRST AID/EMERGENCY MEDICAL CARE:

I authorize Bedford Recreation KIDS' CLUB personnel who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Program to have my child transported to the nearest medical care facility and to secure necessary medical treatment for my child. I also herby authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia, which may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis and emergency treatment of my son or daughter in the event that I cannot be reached for direct authorization of treatment.

inai I cannoi de reacnea jor aireci auinorization oj treatment.						
Parent/Guardian Signature	Date					